

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X1060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm		F	lenestury	Telephone Number	Date of In (mm/dd/y		
Establishment Address (number and street, city, state, zip code)					×/21	19-126	
			St. Grunille, 12 47124	·	0,,		
Owner			y. (100)	Purpose:	Follow-1	up Release Date	
NAFL	Schoo	.ls		(. Routine	NO 10 days		
Owner's A	ddress			2. Follow-up	Summary of Violations:		
			<u> </u>	3. Complaint		, ox (tolunolly)	
Person in C		14 :		4. Pre-Operational	$1_{\rm C}$ \aleph	LNC 2 RX	
	e Kei		1	5. Temporary	-		
Responsibl	e Person's	E-ma	il	6. HACCP	Menu Ty	ype (See back of page)	
Certified F	and Mana		<u> </u>	7. Other (list)	l .		
					12	23 <u>X_4</u> 5	
Chric Keithy							
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Corrected By	
413	ہد		Observed 1/2" bether/humental gap Observed (2) strind wiling tiles	at diving rum do	of s	/ week	
430	MC		Observed (2) strind wiling files	in dries roun		1 mark	
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Received by (name and title printed): Inspected by (name and title printed):							
O.L.	-:-	4	. Keithla	A.).	Ingra	m (EHS)	
Received by	(signature)):	,	Inspected by (signature):			
Chair & Keithlen				gi			
cc:			ес:		ee:		